

KANSAS TITLE XXI PROGRAM & TITLE XXI AMENDMENT FACT SHEET

Name of Plan:	HealthWave
Date Plan Submitted:	July 14, 1998
Date Plan Approved:	September 1, 1998
Plan Effective Date:	July 1, 1998
Date Amendment #1 Submitted:	March 30, 1999
Date Amendment #1 Approved:	April 20, 2000
Date Amendment #1 Effective:	April 20, 2000
Date Amendment #2 Submitted:	March 21, 2001
Date Amendment #2 Approved:	June 22, 2001
Date Amendment #2 Effective:	May 1, 2001
Date Amendment #3 Submitted:	June 20, 2002
Date Amendment #3 Approved:	September 18, 2002
Date Amendment #4 Submitted:	December 5, 2002
Date Amendment #4 Approved:	March 5, 2003
Date Amendment #4 Effective:	January 1, 2003

Background

- On September 1, 1998, Kansas received approval for their initial title XXI State plan, HealthWave, a separate child health program, to expand coverage to low-income children in families with incomes up to 200 percent of the Federal Poverty Level (FPL), who are not eligible for Medicaid.

Amendments

- On March 30, 1999, Kansas submitted its first State plan amendment to allow an infant born to a mother, who is under age 19 and enrolled in HealthWave, to retroactively enroll in HealthWave starting with the month of birth as a means of ensuring continuity of care for the newborn. However, the infant must be screened for Medicaid eligibility and enrolled in Medicaid, if appropriate, no later than 90 days from the date the Agency was notified of the infant's birth. The mother of the infant will already be screened for Medicaid eligibility as a pregnant woman, with a family size that includes the unborn child. This amendment also specifies that the clearinghouse contractor is responsible for enrollment of HealthWave eligibles into participating health plans.

- On March 21, 2001, Kansas submitted its second State plan amendment to eliminate the requirement that a child be uninsured for a 6-month period prior to application to its separate child health insurance program, HealthWave.
- On June 28, 2002, Kansas submitted its third amendment to update and amend the SCHIP State plan to indicate the State's compliance with the final SCHIP regulations.
- On December 5, 2002, Kansas submitted its fourth amendment to increase premiums from \$10 to \$30 per month per family where family income is between 151 and 175 percent of the FPL and from \$15 to \$45 per month per family where family income is between 176 and 200 percent of the FPL.

Children Covered Under Program

- The State reports that there were 34,279 children ever enrolled during Federal Fiscal Year 2001.

Administration

- The Kansas Department of Social and Rehabilitative Services administers HealthWave.
- Eligibility is continuous for 12 months and re-established annually.

Health Care Delivery System

- The State contracts with entities that include insurance companies, health maintenance organizations, nonprofit dental service corporations, or nonprofit hospital and medical insurance corporations.

Benefit Package

- The State employee benefit package is used as the benchmark plan. In addition to the benefits provided in the State employee benefit package, enhanced dental benefits and anti-hemophiliac drug benefits are provided.

Crowd-Out Strategy

- The State will monitor for substitution of coverage.

Cost Sharing

- Families with incomes between 151 and 175 percent of the FPL pay \$30 per month per family. Families with incomes between 176 and 200 percent of the FPL pay \$45 per month per family.

State Outreach and Enrollment Activities

- Kansas uses methods to reach families when parents are most receptive to the consideration of obtaining health insurance for their children. School-based events, such as Kindergarten Round-ups, school enrollments, and program flyers sent home during the winter flu season are methods used to communicate the availability of public health assistance. School nurses assist outreach efforts by informing families of this insurance option.
- The State scheduled times at other public venues for families to complete an application are effective. Application assistance can take place in health departments during WIC pick-up days, or at the State Fair in September.
- The business community is an effective partner in reaching parents. Many employers open their workplaces to presentations and application assistance to their workforce.

Coordination Between SCHIP and Medicaid

- Through the use of combined simplified application/enrollment form and the central clearinghouse, eligibility is determined for either Medicaid or SCHIP coverage based on income and age level.

Financial Information

Total FFY '03 SCHIP Allotment -- \$24,443,683
FFY '02 Enhanced Federal Matching Rate -- 72.11%

State Share: \$14,919,558
Federal Share: \$38,574,735
Total: \$53,494,293

Total FFY '04 SCHIP Allotment -- To Be Determined
FFY '04 Enhanced Federal Matching Rate -- To Be Determined

State Share: \$16,814,555
Federal Share: \$44,485,317
Total: \$61,299,872

Updated: March 11, 2003